

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 30

For Official Use Only

Statement covers period

from 07/01/2020

through 09/19/2020

Date of election if applicable:  
(Month, Day, Year)

11/03/2020

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/

Officeholder Committee

(Also Complete Part 7.)

## 2. Type of Statement:

☒ Pre-election Statement

☐ Semi-annual Statement

☐ Termination Statement

☒ Amendment (Explain below)

Update Summary Page & Sch. F

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER

1414836

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Eloise Reyes for Assembly 2020

STREET ADDRESS (NO P.O. BOX)

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95815    | (916)285-5733   |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 333-1344 / Reyes2020@deaneandcompany.com

## Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95815    | (916) 285-5733  |

NAME OF ASSISTANT TREASURER, IF ANY

Eloise Reyes

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95815    | (916) 285-5733  |

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/17/2020 By Shawnda Deane

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/17/2020 By Eloise Reyes

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 30

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Eloise Reyes

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

47

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Sacramento

CA

95815

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 3 of 30               |
|                         |            | I.D. NUMBER<br>1414836     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$70,700.00  | \$319,731.00                               |
| 2. Loans Received .....               | Schedule B, Line 7 | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$70,700.00  | \$319,731.00                               |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$0.00   | \$140.67                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$70,700.00  | \$319,871.67                               |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00           | \$0.00      |
| 21. Expenditures Made     | \$0.00           | \$0.00      |

## Expenditures Made

|  |                      |              |              |
|--|----------------------|--------------|--------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$227,914.36 | \$371,496.04 |
| 7. Loans Made .....                      | Schedule H, Line 7   | \$0.00       | \$0.00       |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$227,914.36 | \$371,496.04 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | \$16,308.21  | \$19,067.50  |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | \$0.00       | \$140.67     |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$244,222.57 | \$390,704.21 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| 11/3/2020                      | \$43,806.08   |
| 3/3/2020                       | \$108,692.20  |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |

## Current Cash Statement

|   |   |              |  |
|---|---|--------------|--|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$448,372.59 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$70,700.00  |  |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$0.00       |  |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$227,914.36 |  |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$291,158.23 |  |
| If this is a termination statement, Line 16 must be zero. |   |              |  |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

|                             |                                       |             |
|-----------------------------|---------------------------------------|-------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$0.00      |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$19,067.50 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                         |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2020 |                            |
| through   | 09/19/2020 | Page 4 of 30               |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |            | I.D. Number<br>1414836     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|---------------|---|---|--|-----------------------------|---|--|
| 7/6/2020      | Amazon.com Services, Inc.<br>Seattle, WA 98109  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,500.00                  | \$2,500.00  | 2020P: \$2,000.00<br>2020G: \$2,500.00 |
| 7/28/2020     | American Beverage Association California PAC<br>San Rafael, CA 94901<br>Committee ID: 1344506   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2020G: \$1,000.00                      |
| 8/10/2020     | American Federation of State, County & Municipal Employees - CA People (AFSCME CA People) Small Contributor Committee<br>Sacramento, CA 95814<br>Committee ID: 960772 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$9,300.00                  | \$9,300.00  | 2020P: \$9,300.00<br>2020G: \$9,300.00 |
| 7/6/2020      | Marie M. Arakaki<br>Colton, CA 92324  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | n/a<br>Retired   | \$100.00                    | \$300.00  | 2020P: \$200.00<br>2020G: \$100.00     |
| 9/4/2020      | California Association of Psychiatric Technicians, Inc. Political Action Fund Small Contributor Committee<br>Sacramento, CA 95811<br>Committee ID: 882070             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2020P: \$1,500.00<br>2020G: \$1,000.00 |

**SUBTOTAL**

### Schedule A Summary

|   |                          |
|---|--------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$70,700.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$0.00                   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL</b> \$70,700.00 |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from 07/01/2020      |  | <b>CALIFORNIA FORM 460</b> |
| through 09/19/2020                              |  |                            |
|   |  | Page 5 of 30               |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |  | I.D. Number<br>1414836     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|--|---|--|-----------------------------|---|--|
| 8/25/2020       | California New Car Dealers Association PAC<br>Sacramento, CA 95814<br>Committee ID: 741623   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,700.00  | 2020P: \$4,700.00<br>2020G: \$1,500.00 |
| 8/3/2020        | California Professional Firefighters PAC Small Contributor Committee<br>Sacramento, CA 95833<br>Committee ID: 744058                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$1,000.00                  | \$2,000.00  | 2020P: \$3,000.00<br>2020G: \$1,000.00 |
| 9/8/2020        | California Real Estate PAC (CREPAC)- California Association of Realtors Small Contributor Committee<br>Los Angeles, CA 90071<br>Committee ID: 890106 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$2,000.00                  | \$2,000.00  | 2020G: \$2,000.00                      |
| 8/6/2020        | California State Association of Electrical Workers Small Contributor Committee<br>San Diego, CA 92123<br>Committee ID: 743107                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$7,500.00                  | \$7,500.00  | 2020P: \$8,000.00<br>2020G: \$7,500.00 |
| 7/21/2020       | California State Pipe Trades Council Political Action Fund Small Contributor Committee<br>Sacramento, CA 95814<br>Committee ID: 743895               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$7,500.00                  | \$7,500.00  | 2020P: \$5,000.00<br>2020G: \$7,500.00 |
| <b>SUBTOTAL</b> |  |   |  |                             |   |  |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |  |
|--|--|--|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>09/19/2020</u> |  | <b>CALIFORNIA FORM 460</b><br>Page <u>6</u> of <u>30</u> |
| I.D. Number<br>1414836   |  |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eloise Reyes for Assembly 2020

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|---------------|---|---|--|-----------------------------|---|--|
| 7/3/2020      | Charter Communications, Inc.<br>St. Louis, MO 63131   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020P: \$2,000.00<br>2020G: \$1,500.00 |
| 9/4/2020      | Cooperative of American Physicians State PAC<br>Los Angeles, CA 90071<br>Committee ID: 760951 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$4,700.00                  | \$4,700.00  | 2020G: \$4,700.00                      |
| 7/14/2020     | Encore Capital Group, Inc.<br>San Diego, CA 92108   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2020P: \$1,000.00<br>2020G: \$1,000.00 |
| 9/8/2020      | General Motors Company Federal PAC<br>Washington, DC 20001                                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020G: \$1,500.00                      |
| 7/31/2020     | Kaitlyn Krieger<br>Palo Alto, CA 94301  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Kaitlyn Krieger<br>Philanthropist  | \$4,700.00                  | \$4,700.00  | 2020G: \$4,700.00                      |

**SUBTOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |  |
|--|--|--|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>09/19/2020</u> |  | <b>CALIFORNIA FORM 460</b><br>Page <u>7</u> of <u>30</u> |
| I.D. Number<br>1414836   |  |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eloise Reyes for Assembly 2020

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|--|---|--|-----------------------------|---|--|
|                 | ***INTERMEDIARY***<br>Smart Justice California Action Fund<br>Sacramento, CA 95815   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
| 8/31/2020       | Molina Healthcare, Inc.<br>Long Beach, CA 90802  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020G: \$1,500.00                      |
| 8/27/2020       | National Union of Healthcare Workers Candidate Committee for Quality Patient Care and Union Democracy<br>Sacramento, CA 95815<br>Committee ID: 1318200 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,500.00                  | \$2,500.00  | 2020G: \$2,500.00                      |
| 8/20/2020       | Professional Engineers in California Government PECG-PAC Small Contributor Committee<br>Sacramento, CA 95814<br>Committee ID: 822501                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$2,000.00                  | \$3,000.00  | 2020P: \$4,000.00<br>2020G: \$2,000.00 |
| 7/31/2020       | Patty Quillin<br>Santa Cruz, CA 95060  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | n/a<br>Homemaker   | \$4,700.00                  | \$4,700.00  | 2020G: \$4,700.00                      |
| <b>SUBTOTAL</b> |  |   |  |                             |   |  |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from <u>07/01/2020</u> |  | <b>CALIFORNIA FORM 460</b> |
| through <u>09/19/2020</u>                         |  |                            |
|   |  | Page <u>8</u> of <u>30</u> |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020   |  | I.D. Number<br>1414836     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|--|---|--|-----------------------------|---|--|
|                 | ***INTERMEDIARY***<br>Smart Justice California Action Fund<br>Sacramento, CA 95815   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
| 7/31/2020       | Elizabeth Simmons<br>Atherton, CA 94027  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | n/a<br>Retired   | \$4,700.00                  | \$4,700.00  | 2020G: \$4,700.00                      |
|                 | ***INTERMEDIARY***<br>Smart Justice California Action Fund<br>Sacramento, CA 95815   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
| 9/14/2020       | Southwest Regional Council of Carpenters Political Action Fund<br>Small Contributor Committee<br>Los Angeles, CA 90071<br>Committee ID: 870169 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$6,000.00                  | \$6,000.00  | 2020P: \$6,000.00<br>2020G: \$6,000.00 |
| 8/27/2020       | Target Corporation<br>Minneapolis, MN 55403  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2020P: \$2,000.00<br>2020G: \$1,000.00 |
| <b>SUBTOTAL</b> |  |   |  |                             |   |  |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>09/19/2020</u> |  | <b>CALIFORNIA FORM 460</b> |
| Page <u>9</u> of <u>30</u>   |  |                            |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020                                |  | I.D. Number<br>1414836     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 8/3/2020        | United Food and Commercial Workers International Union, AFL-CIO, CLC<br>Washington, DC 20006  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020G: \$1,500.00                  |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL</b> |   |   |  | \$70,700.00                 |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2020  
through 09/19/2020

**CALIFORNIA FORM 460**  
Page 10 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

I.D. NUMBER  
1414836

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*                            | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |  | _____%<br>RATE                   |                                | CALENDAR YEAR<br><br>PER ELECTION**     |
|  |   |  |                                    |  | DATE DUE   |                                  | DATE INCURRED                  |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |  | _____%<br>RATE                   |                                | CALENDAR YEAR<br><br>PER ELECTION**     |
|  |   |  |                                    |  | DATE DUE   |                                  | DATE INCURRED                  |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |  | _____%<br>RATE                   |                                | CALENDAR YEAR<br><br>PER ELECTION**     |
|  |   |  |                                    |  | DATE DUE   |                                  | DATE INCURRED                  |   |

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 | <b>CALIFORNIA FORM 460</b> |
|  | Page 11 of 30              |
| I.D. Number<br>1414836   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

| FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | LOAN               | AMOUNT<br>GUARANTEED<br>THIS PERIOD | CUMULATIVE<br>TO DATE                              | BALANCE<br>OUTSTANDING<br>TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
| SUBTOTAL   |  |   |                    |                                     | Enter on<br>Summary Page,<br>Line 17 only.         |                                   |

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>09/19/2020</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>12</u> of <u>30</u>  | I.D. Number<br>1414836     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|----------------------------------|---------------------------|---|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                            |  |
|---|------------|----------------------------|--|
| Statement covers period                         |            | SCHEDULE D                 |  |
| from  | 07/01/2020 | CALIFORNIA FORM <b>460</b> |  |
| through   | 09/19/2020 | Page 13 of 30              |  |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |            | I.D. NUMBER<br>1414836     |  |

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|---------------------------|--------------------|--|------------------------------------|
| 7/15/2020 | San Bernardino County Democratic Central Committee  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | \$105.00           | \$105.00   |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |  |                                    |
| 7/22/2020 | California Democratic Party   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | \$164,000.00       | \$202,800.00                                       |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |  |                                    |
| 7/22/2020 | California Democratic Party   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | \$38,800.00        | \$202,800.00                                       |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |  |                                    |

|          |  |  |  |  |  |
|----------|--|--|--|--|--|
| SUBTOTAL |  |  |  |  |  |
|----------|--|--|--|--|--|

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$207,185.00
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$207,185.00

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2020

through 09/19/2020

**CALIFORNIA  
FORM 460**

Page 14 of 30

NAME OF FILER  
Eloise Reyes for Assembly 2020

I.D. NUMBER  
1414836

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE  | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------|--|--|------------------------------|-----------------------|--|--|
| 8/24/2020 | Payee Name: Nick Schultz for Bubank City Council 2020<br>Candidate Name: Nick Schultz<br>City Council Member<br>Jurisdiction: City of Burbank                  | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$500.00              | \$500.00   |  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 8/26/2020 | Payee Name: Harbir Bhatia for Council 2020<br>Candidate Name: Harbir Bhatia<br>City Council Member<br>Jurisdiction: Santa Clara                                | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$630.00              | \$630.00   |  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 9/10/2020 | Payee Name: Reynoso for 5th Ward City Council 2020<br>Candidate Name: Ben Reynoso<br>City Council Member<br>District 5<br>Jurisdiction: City of San Bernardino | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$250.00              | \$250.00   |  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 9/10/2020 | Payee Name: Darrell A. Peeden for School Board 2020<br>Candidate Name: Darrell A. Peeden<br>School Board<br>Jurisdiction: Moreno Valley                        | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$500.00              | \$500.00   |  |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                         |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                                 |  |                                |
| through 09/19/2020                              |  | Page 15 of 30                  |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |  | I.D. NUMBER<br>1414836         |

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE  | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------------|--|--|------------------------------|-----------------------|--|--|
| 9/10/2020       | Payee Name: Committee to Elect Gwen Rodgers for School Board 2020<br>Candidate Name: Gwen Rodgers<br>School Board<br>Jurisdiction: San Bernardino County   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$250.00              | \$250.00   |  |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 9/10/2020       | Payee Name: Rawlings for City Council 2020<br>Candidate Name: Bill Rawlings<br>City Council Member<br>Jurisdiction: City of Fullerton                      | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$150.00              | \$150.00   |  |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 9/10/2020       | Payee Name: Fauzia Rizvi for WMWD Director Division 5 2020<br>Candidate Name: Fauzia Rizvi<br>WMWD Director<br>Jurisdiction: City of Riverside, Division 5 | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$500.00              | \$500.00   |  |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 9/10/2020       | Payee Name: Sandoval for City Council 2020<br>Candidate Name: Jesse Sandoval<br>City Council Member<br>Jurisdiction: City of Fontana                       | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$250.00              | \$250.00   |  |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| <b>SUBTOTAL</b> |  |  |                              |                       |  |  |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                         |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2020 |                            |
| through   | 09/19/2020 | Page 16 of 30              |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |            | I.D. NUMBER<br>1414836     |

| DATE                         | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE  | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------------------------|--|--|------------------------------|-----------------------|--|--|
| 9/14/2020                    | Payee Name: Baca for Supervisor 2020<br>Candidate Name: Joe Baca, Jr.<br>County Supervisor<br>District 5<br>Jurisdiction: San Bernardino County    | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$1,000.00            | \$1,000.00   |  |
|                              | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| 9/15/2020                    | Payee Name: Andy Carrizales for Rialto City Council 2020<br>Candidate Name: Andy Carrizales<br>City Council Member<br>Jurisdiction: City of Rialto | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$250.00              | \$250.00   |  |
|                              | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
|                              |  | <input type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure             |                              |                       |  |  |
|                              | <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |                              |                       |  |  |
|                              |  | <input type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure             |                              |                       |  |  |
|                              | <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |                              |                       |  |  |
| <b>SUBTOTAL</b> \$207,185.00 |  |  |                              |                       |  |  |

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |  |   |
|--|--|---|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 |  | <b>CALIFORNIA FORM 460</b><br><br>Page 17 of 30 |
| I.D. NUMBER<br>1414836   |  |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Citi Cards<br>New York, NY 10043                                    |         | Credit Card Payment    | \$482.17    |
| Deane & Company<br>Sacramento, CA 95815                             | PRO     |                        | \$1,952.60  |
| Gabriel Castellanos, Jr.<br>Sacramento, CA 95814                    | LIT     |                        | \$200.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

|  |                           |
|--|---------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$227,914.36              |
| 2. Unitemized payments made this period of under \$100. ....   | \$0.00                    |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$0.00                    |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL</b> \$227,914.36 |

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                         |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020                              |            | Page 18 of 30                  |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |            | I.D. NUMBER<br>1414836         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| California Democratic Party<br>Sacramento, CA 95811                             | CTB  |    |                        | \$164,000.00 |
| Committee ID: 741666<br>California Democratic Party<br>Sacramento, CA 95811     | CTB  |    |                        | \$38,800.00  |
| Committee ID: 741666<br>Citi Cards<br>New York, NY 10043                        |      |    | Credit Card Payment    | \$14.99      |
| Citi Cards<br>New York, NY 10043  |      |    | Credit Card Payment    | \$350.00     |
| David Pruitt Consulting, LLC<br>Sacramento, CA 95814                            | FND  |    |                        | \$2,200.00   |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                         |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020                              |            | Page 19 of 30                  |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |            | I.D. NUMBER<br>1414836         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Deane & Company<br>Sacramento, CA 95815  | PRO  |    |                        | \$2,392.65  |
| Citi Cards<br>New York, NY 10043   |      |    | Credit Card Payment    | \$850.10    |
| Nick Schultz for Bubank City Council 2020<br>Burbank, CA 91510                   | CTB  |    |                        | \$500.00    |
| Committee ID: 1426601<br>Harbir Bhatia for Council 2020<br>Santa Clara, CA 95054 | CTB  |    |                        | \$630.00    |
| Committee ID: 1427389<br>Doris Perez Interpreting<br>Riverside, CA 92506         | OFC  |    |                        | \$500.00    |

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |  |                                |
|-------------------------|--|--------------------------------|
| Statement covers period |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020         |  |                                |
| through 09/19/2020      |  | Page 20 of 30                  |
|                         |  | I.D. NUMBER<br>1414836         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----|---|-----|---|-----|---|
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| City of Colton<br>Colton, CA 92324  | OFC  |    |                        | \$250.00    |
| David Pruitt Consulting, LLC<br>Sacramento, CA 95814  | FND  |    |                        | \$2,200.00  |
| Deane & Company<br>Sacramento, CA 95815   | PRO  |    |                        | \$2,314.85  |
| Reynoso for 5th Ward City Council 2020<br>San Bernardino, CA 92407                          | CTB  |    |                        | \$250.00    |
| Committee ID: 1424152<br>Darrell A. Peeden for School Board 2020<br>Moreno Valley, CA 92557 | CTB  |    |                        | \$500.00    |
| Committee ID: 1415501   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                         |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                                 |  |                                |
| through 09/19/2020                              |  | Page 21 of 30                  |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |  | I.D. NUMBER<br>1414836         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Committee to Elect Gwen Rodgers for School Board 2020<br>San Bernardino, CA 92407           | CTB  |    |                        | \$250.00    |
| Committee ID: 1375560<br>Rawlings for City Council 2020<br>Fullerton, CA 92835              | CTB  |    |                        | \$150.00    |
| Committee ID: 1429668<br>Fauzia Rizvi for WMWD Director Division 5 2020<br>Corona, CA 92879 | CTB  |    |                        | \$500.00    |
| Committee ID: 1430535<br>Sandoval for City Council 2020<br>San Bernardino, CA 92415         | CTB  |    |                        | \$250.00    |
| Committee ID: 1350619<br>Baca for Supervisor 2020<br>Rialto, CA 92376                       | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1419063   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                         |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                                 |  |                                |
| through 09/19/2020                              |  | Page 22 of 30                  |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |  | I.D. NUMBER<br>1414836         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
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| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| California Latino Voter's Guide<br>Los Angeles, CA 90041                                  |      |    | Slate Mailer           | \$2,808.00  |
| Committee ID: 596004<br>Coalition for Senior Citizens Security<br>Los Angeles, CA 90039   |      |    | Slate Mailer           | \$472.00    |
| Committee ID: 592015<br>Progressive Voter Guide<br>Los Angeles, CA 90039                  |      |    | Slate Mailer           | \$347.00    |
| Committee ID: 1385678<br>Council of Concerned Woman Voters<br>Los Angeles, CA 90039       |      |    | Slate Mailer           | \$425.00    |
| Committee ID: 1226327<br>Andy Carrizales for Rialto City Council 2020<br>Rialto, CA 92376 | CTB  |    |                        | \$250.00    |
| Committee ID: 1425857   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                         |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                                 |  |                                |
| through 09/19/2020                              |  | Page 23 of 30                  |
| NAME OF FILER<br>Eloise Reyes for Assembly 2020 |  | I.D. NUMBER<br>1414836         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

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|     |   |     |   |     |   |
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| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| COPS Voter Guide, Inc.<br>Folsom, CA 95630                                      |      |    | Slate Mailer           | \$875.00    |
| Committee ID: 599014<br>David Pruitt Consulting, LLC<br>Sacramento, CA 95814    | FND  |    |                        | \$2,200.00  |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$227,914.36

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM 460

Page 24 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

I.D. NUMBER  
1414836

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Fontana Herald News<br>Fontana, CA 92335                               | PRT                               | \$7.13  | \$0.00                                | \$0.00  | \$7.13   |
| Citi Cards<br>New York, NY 10043                                       | Credit Card Payment               | \$14.99   | \$0.00                                | \$14.99   | \$0.00   |
| Citi Cards<br>New York, NY 10043                                       | Credit Card Payment               | \$482.17  | \$0.00                                | \$482.17  | \$0.00   |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$17,005.37
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$697.16
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$16,308.21  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM 460

Page 25 of 30

NAME OF FILER  
Eloise Reyes for Assembly 2020

I.D. NUMBER  
1414836

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

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| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)        | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Gabriel Castellanos, Jr.<br>Sacramento, CA 95814                              | LIT                               | \$200.00  | \$0.00                                | \$200.00  | \$0.00   |
| Olson Remcho, LLP<br>Sacramento, CA 95814                                     | PRO                               | \$915.00  | \$0.00                                | \$0.00  | \$915.00   |
| Educate Your Vote<br>Encino, CA 91436   | Slate Mailer                      | \$0.00  | \$1,446.00                            | \$0.00  | \$1,446.00   |
| Committee ID: 1345655<br>David Pruitt Consulting, LLC<br>Sacramento, CA 95814 | FND                               | \$0.00  | \$9,870.00                            | \$0.00  | \$9,870.00   |

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 26 of 30

NAME OF FILER  
Eloise Reyes for Assembly 2020

I.D. NUMBER  
1414836

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| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Citi Cards<br>New York, NY 10043                                       | Credit Card Payment               | \$0.00  | \$28.70                               | \$0.00  | \$28.70  |
| Citi Cards<br>New York, NY 10043                                       | Credit Card Payment               | \$0.00  | \$650.67                              | \$0.00  | \$650.67   |
| Secretary of State<br>Sacramento, CA 95814                             | OFC                               | \$1,140.00  | \$0.00                                | \$0.00  | \$1,140.00   |
| David Pruitt Consulting, LLC<br>Sacramento, CA 95814                   | FND                               | \$0.00  | \$5,010.00                            | \$0.00  | \$5,010.00   |
| <b>SUBTOTALS</b>   |                                   | \$2,759.29  | \$17,005.37                           | \$697.16  | \$19,067.50  |

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 27 of 30              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eloise Reyes for Assembly 2020

I.D. NUMBER  
1414836

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Citi Cards

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| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Copy Plus Printing<br>San Bernardino, CA 92407                                  | LIT  |    |                        | \$300.67    |
| NGP Van, Inc.<br>Washington, DC 20005   | WEB  |    |                        | \$350.00    |
| Siwa Healing Center<br>Los Angeles, CA 90017                                    | CVC  |    |                        | \$395.10    |
| NGP Van, Inc.<br>Washington, DC 20005   | WEB  |    |                        | \$350.00    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1395.77

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Citi Cards

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| San Bernardino County Democratic Central Committee<br>Redlands, CA 92373        | CTB  |    |                        | \$105.00    |
| 742176<br>NGP Van, Inc.<br>Washington, DC 20005                                 | WEB  |    |                        | \$350.00    |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$455.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
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# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 | <b>CALIFORNIA FORM 460</b> |
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| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*                     | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. |   | <b>SUBTOTALS</b>  |  |  |   |                             |                                      |                                       |

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

**NET** \_\_\_\_\_  
(May be a negative number)

\*\* If Required

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

|                         |            |
|-------------------------|------------|
| Statement covers period |            |
| from                    | 07/01/2020 |
| through                 | 09/19/2020 |

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| DATE<br>RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF<br>INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$ .00

## Schedule I Summary

- |  |                     |
|--|---------------------|
| 1. Increases to cash of \$100 or more this period.....   | \$ .00              |
| 2. Unitemized increases to cash under \$100 this period. ....  | \$ .00              |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....                            | \$ .00              |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | <b>TOTAL</b> \$ .00 |

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